



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL (EVANSVILLE)

City of Hospital: Newburgh

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Rhonda Ramsey

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Medicare Provider Number: 153025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$60360587
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$60360587

2. Deductions From Revenue

Contractual Allowance	\$21206392
Other Deductions	\$0
Total Deductions	\$21206392

3. Total Operating Revenue

Net Patient Service Revenue	\$39154195
Other Operating Revenue	\$52534
Total Operating Revenue	\$39206729

4. Operating Expenses

Salaries and Wages	\$13225842	Employee Benefits	\$3198451
Depreciation and Amortization	\$1484697	Interest Expense	\$-148197
Bad Debt	\$514238	Other Expenses	\$7646832
Total Operating Expenses	\$25921863		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13284866	Total Assets	\$59461672
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$22554114

Total Net Gains	\$13284866
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$42206098	\$13209856	\$28996242
Medicaid	\$6455744	\$3494695	\$2961049
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$11698745	\$4501841	\$7196904
Total	\$60360587	\$21206392	\$39154195

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$377063
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$167704	
HCI Payments	\$0		
Subtotal	\$0	\$167704	\$-167704
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

In October of 2018 we rebranded and our legal name is now Encompass Health Deaconess Rehabilitation Hospital, LLC. That is the name on our Medicare Provider Enrollment. Also, we built a new hospital in 2019 and moved to Newburgh in Warrick county. Please make those changes to our files in your system.

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